

**DATE**

2/9/22

**PRESENTING CLINICAL SIGNS**

History: Pet has history of hyperthyroidism that owner will treat and then stop because medication makes him vomit. Non-compliant even with stressing to give meds for condition. Also, history of elevated fpli and being treated empirically with steroids (2.5 mg Prednisolone SID) for possible IBD.

**PATIENT**

Shadow Super

Current Medications: Prednisolone, Cerenia.

Lab Results: Attached separately. SDMA 15, BUN 59, Creat 2.1, USG 1.015, Chloride 111, Lipase 59, T4 6.3, fPLI 29.3, ProBNP 281

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Torbugesic IV.

**SPECIES**

Feline

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

**SEX**

Neutered male

The left kidney has a normal shape and size (3.19 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

7/31/06

**WEIGHT**

14 lbs

The right kidney has a normal shape and size (4.8 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is a large cyst present at the cranial pole and measured 2.33 x 2.16 cm. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

Kathleen Sennello  
DVM, MS, Diplomate  
ACVIM (Small Animal  
Internal Medicine)

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.4 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**HOSPITAL NAME**

Frederick Road VH

The right adrenal gland is normal in size measuring 0.43 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**REFERRING VET**

Dr. Franchini

**Spleen**

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**INVOICE**

95939

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal and the jejunum measured as normal (0.2 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

### ***Pancreas***

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

### ***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

### **PRIMARY FINDINGS:**

- Prominent, hypoechoic pancreas with a prominent pancreatic duct and mild hyperechoic mesentery surrounding the pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Decreased corticomedullary distinction in both kidneys with a right-sided cortical cyst. The bilateral renal findings are consistent with age-related change.

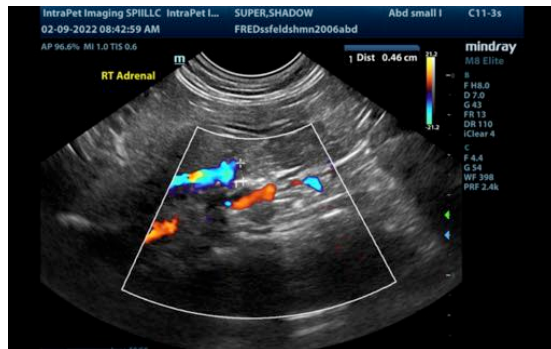
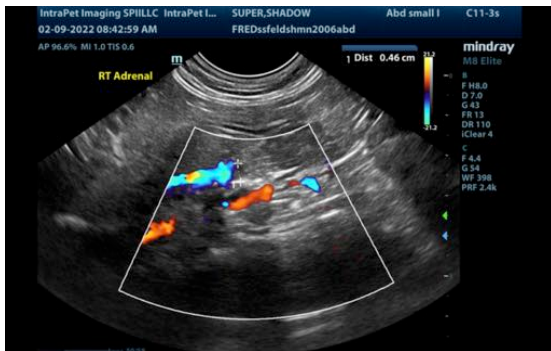
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

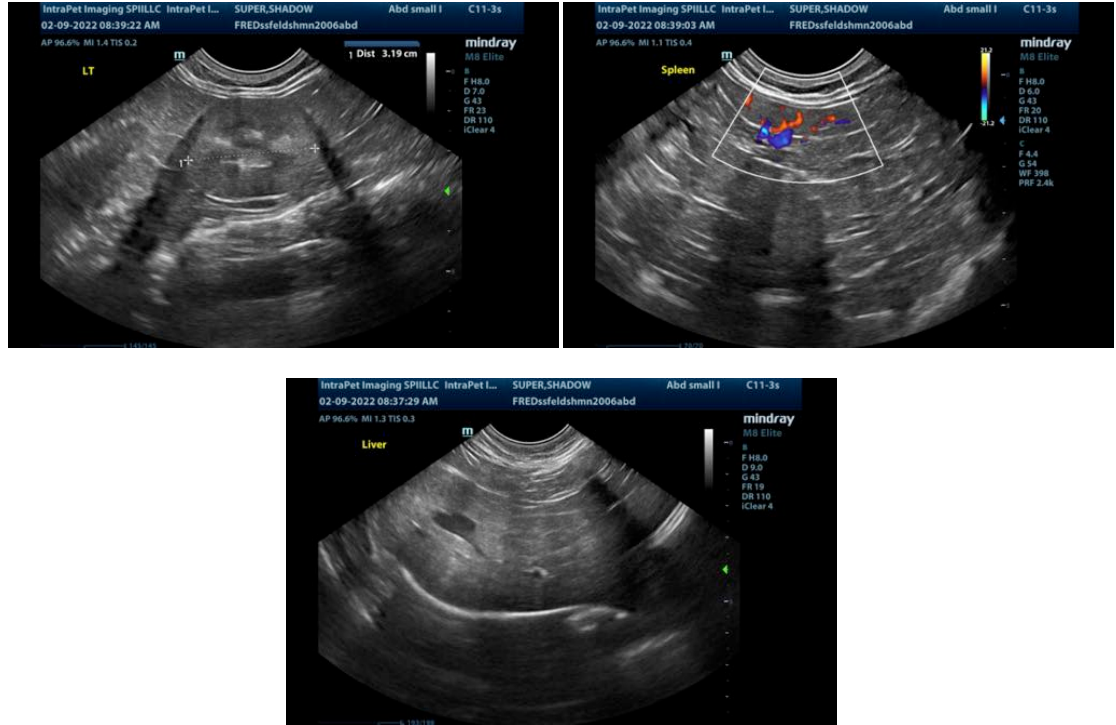
The changes observed in the kidneys are most consistent with chronic age related renal disease.

- I recommend blood pressure evaluation.
- Recommend urinalysis and culture.
- There is a large cyst on the right kidney. I suspect this is an incidental finding at this time.

Additionally the pancreas is prominent, but not severely inflamed. This is most consistent with a previous episode of pancreatitis or current mild pancreatitis. Consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to not only evaluate the pancreas, but the small intestine as well.

The lesions are relatively mild in this older cat.





The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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